| PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  (0.655764)    |                                                                                                                                                                                                                                              |                                           |              |                               |              |                  |      |                   |                        |                     |                     |                        |  |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|-------------------------------|--------------|------------------|------|-------------------|------------------------|---------------------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                        |                                                                                                                                                                                                                                              |                                           |              |                               |              |                  |      | SMALL ENTITY TYPE |                        |                     | OTHER THAN          |                        |  |
| TOTAL CLAIMS                                                                          |                                                                                                                                                                                                                                              |                                           | 23           |                               |              |                  |      | TE                | FEE                    |                     | RATE                | FEE                    |  |
| FOR                                                                                   |                                                                                                                                                                                                                                              |                                           | NUMBER FILED |                               | NUMBER EXTRA |                  | BASI | C FEE             | 375.00                 | OR                  | BASIC FEE           | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                                                                                                                                                                                                              |                                           | 27 minus 20= |                               | • 3          |                  | X    | X\$ 9=            |                        | OR                  | X\$18=              |                        |  |
| IND                                                                                   | EPENDENT CL                                                                                                                                                                                                                                  | AIMS                                      | minus 3 =    |                               | 1            |                  | X    | X42=              |                        | OR                  | X84=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                                                                                                                                                                                                              |                                           |              |                               |              |                  | +1   | 40=               |                        | OR                  | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |                                                                                                                                                                                                                                              |                                           |              |                               |              |                  | TO   | TAL               |                        | OR                  | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  7-14-0 (Column 1) (Column 2) (Column 3)                  |                                                                                                                                                                                                                                              |                                           |              |                               |              |                  |      | ALL               | ENTITY                 | OR                  | OTHER<br>SMALL      |                        |  |
| ENT A                                                                                 |                                                                                                                                                                                                                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT          | R    | NTE               | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT                                                                             | Total                                                                                                                                                                                                                                        | .23                                       | Minus        | ** J                          | 3            | =                | X    | 9=                |                        | OR                  | X\$18=              |                        |  |
|                                                                                       | Independent                                                                                                                                                                                                                                  | * /                                       | Minus        | ***                           | <u> </u>     | =                | X4   | 2=                |                        | ØR                  | X84=                | ,                      |  |
| Ш                                                                                     | FIRST PRESE                                                                                                                                                                                                                                  | NTATION OF M                              | ULTIPLE DEI  | ENDEN                         | CLAIM        |                  | 41   | 40=               |                        | OR                  | +280=               |                        |  |
| TOTAL ADDIT, FEE OR                                                                   |                                                                                                                                                                                                                                              |                                           |              |                               |              |                  |      |                   |                        | TOTAL<br>ADDIT, FEE |                     |                        |  |
|                                                                                       |                                                                                                                                                                                                                                              | (Column 1)                                |              | (Colur                        |              | (Column 3)       |      |                   |                        |                     |                     |                        |  |
| AMENDMENT B                                                                           |                                                                                                                                                                                                                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER          | PRESENT<br>EXTRA | R/   | NTE               | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                       | Total                                                                                                                                                                                                                                        | *                                         | Minus        | **                            |              | =                | X    | 9=                |                        | OR                  | X\$18=              |                        |  |
|                                                                                       | Independent                                                                                                                                                                                                                                  | *<br>NTATION OF M                         | Minus        | ***                           | CLAIM        | -                | X    | 12=               |                        | OR                  | X84=                |                        |  |
|                                                                                       | 11107711202                                                                                                                                                                                                                                  | . COLOR OF THE                            |              | LINDLIN                       |              |                  | +1   | 40=               |                        | OR                  | +280=               |                        |  |
| AF                                                                                    |                                                                                                                                                                                                                                              |                                           |              |                               |              |                  |      | OTAL<br>T. FEE    |                        | OR                  | TOTAL<br>ADDIT. FEE |                        |  |
|                                                                                       |                                                                                                                                                                                                                                              | (Column 1)                                |              | (Colu                         |              | (Column 3)       |      |                   |                        |                     |                     |                        |  |
| AMENDMENT C                                                                           |                                                                                                                                                                                                                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | R/   | TE                | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                       | Total                                                                                                                                                                                                                                        | *                                         | Minus        | **                            |              | -                | X    | 9=                |                        | OR                  | X\$18≃              |                        |  |
|                                                                                       | Independent                                                                                                                                                                                                                                  | * NTATION OF M                            | Minus        | PENDEND                       | T CL AIM     | -                | X4   | 2=                |                        | OR                  | X84=                |                        |  |
| <b>L</b>                                                                              | THOTTREE                                                                                                                                                                                                                                     | INTATION OF IN                            | OEIII CE DE  | LNULN                         | COAN         | بليد             | +1   | 40=               |                        | OR                  | +280=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                              |                                           |              |                               |              |                  |      |                   |                        | TOTAL               |                     |                        |  |
| 10.00                                                                                 | The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |              |                               |              |                  |      |                   |                        |                     |                     |                        |  |

Application or Docket Number